

PREPARED BY AND RETURN TO:
DAVIS LAW FIRM PC
ATTORNEYS AT LAW
519 FERNCLIFF COVE SUITE 1
SOUTHAVEN, MS 38671
662 393-4342
04-235

STATE MS.-DESOTO CO. *BC*APR 7 1 44 PM '04 *7X*QUITCLAIM DEED

469 PG 134
RECORDED CH. CLK.

MONAYA RAYE GLENN, BRENDA KAY ANERTON, LULA BELL
WOOTEN, and MARY ANN GARRIS
GRANTORS,

TO:

CURTIS DWAYNE GLENN
GRANTEE,

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged, Monaya Raye Glenn, Brenda Kay Anerton, Lula Bell Wooten, and Mary Ann Garris, the undersigned Grantors do hereby convey and quitclaim unto the above Grantee, Curtis Dwayne Glenn, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 120, Section A, Brook Hollow Subdivision, in Section 24, Township 1 South, Range 8 West, as per plat thereof recorded in Plat Book 7, Page 8, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Lula Pauline Glenn died on August 27, 1995 in Memphis, Shelby County, Tennessee. At the time of her death she had five (5) living children, Monaye Raye Glenn, Brenda Kay Anerton, Lula Bell Wooten, Mary Ann Garris and Curtis Dwayne Glenn.

This deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

This document may be signed in counterparts.

Witness my signature this the 31 day of March, 2004

STATE MS.-DESOTO CO. *me*SEP 15 2 14 PM '04 *me*

482 PG 235
RECORDED CH. CLK.

3 day of March, 2004.

[Signature]
 NOTARY



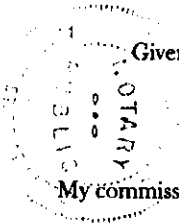
2

Brenda Kaye Anerton
BRENDA KAYE ANERTON
GRANTOR

STATE OF ALABAMA
COUNTY OF Limestone

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named, Brenda Kaye Anerton, who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned.

Given under my hand and seal this 31 day of March, 2004.



David A. Williams
NOTARY

My commission Expires:

Grantor's Address:
106 Woodridge Drive
Athens AL 35611
(H)256-216-6948
(W)N/A

Grantor's
3747 Nisky Oak Dr
Germantown TN 3825
(H)901-484-1473
(W)901-873-0177

Mary Ann Garris
MARY ANN GARRIS
GRANTOR

STATE OF CALIFORNIA
COUNTY OF VENTURA

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named, Mary Ann Garris, who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned.

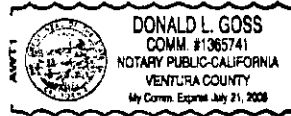
Given under my hand and seal this 31 day of March 2004.

Donald L. Goss
NOTARY

My commission Expires:
July 21, 2008

Grantor's Address:

1735 Agnew St.
Simi Valley, CA
93065



BK0482PG0239

BK0469PG0138

Lula Belle Wooten
LULA BELLE WOOTEN
GRANTOR

STATE OF TENNESSEE
COUNTY OF SHELBY

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named, Lula Bell Wooten, who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned.

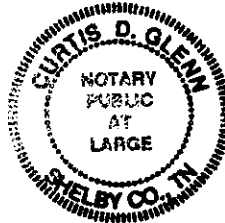
Given under my hand and seal this 31st day of March, 2004.

Curtis D. Glenn
NOTARY

My commission Expires:

Grantor's Address:
8629 Brunswick Road
Rosemark, TN 38053
(H)901-383-3111
(W)N/A

My Comm. Exp. Nov. 17, 2007



BK0482PG024

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0469PG0139

DECEASED

CENSUS TRACT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXTINGUISHING CERTIFICATE IT COMPLETE AND MEDICAL CERTIFICATION WITHIN 48 HOURS

INSTRUCTIONS IN OTHER SIDE

CAUSE OF DEATH

2

1. DECEDENT'S NAME (First, Middle, Last) Lula Pauline Glenn		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) August 27, 1995	
4. SOCIAL SECURITY NUMBER 415-24-9914		5. AGE - LAST BIRTHDAY (Years) 78		6. DATE OF BIRTH (Month, Day, Year) 1-16-1917	
7. BIRTHPLACE (City and State or Foreign Country) Lauderdale Co., TN		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not institution, give street and number) Hillhaven-Germantown Parkway		10. CITY, TOWN, OR LOCATION OF DEATH Memphis		11. COUNTY OF DEATH Shelby	
12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		13. SURVIVING SPOUSE (If wife, give maiden name) NA		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	
15. RESIDENCE - STATE MS		16. COUNTY Desoto		17. CITY, TOWN OR LOCATION Southaven	
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. ZIP CODE 38671		20. STREET AND NUMBER OR RURAL LOCATION 8194 Cedarbrook Drive	
21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. RACE - American Indian, Black, White, etc. (Specify) White		23. DECEDENT'S EDUCATION (Specify only highest grade completed) 10	
24. FATHER'S NAME (First, Middle, Last) Jessie Luther Ammons		25. MOTHER'S NAME (First, Middle, Maiden Surname) Bulah Ona Baker			
26. INFORMANT'S NAME (Type/Print) Curtis D. Glenn		27. RELATIONSHIP TO DECEASED Son		28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3747 Misty Oak Drive, Memphis, TN 38125	
29. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Munford Cemetery		31. LOCATION - City or Town, State Covington, TN	
32. SIGNATURE OF FUNERAL DIRECTOR William Duke		33. LICENSE NUMBER OF FUNERAL DIRECTOR 2499		34. SIGNATURE OF EMBALMER Terry Turner	
35. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home, 5599 Poplar, Memphis, TN 38119		36. LICENSE NUMBER OF FUNERAL HOME 416			
37. REGISTRAR'S SIGNATURE Deputy		38. DATE FILED (Month, Day, Year) SEP 12 1995			
39. SIGNATURE AND TITLE OF PHYSICIAN Michael Murphy, M.D.		40. LICENSE NUMBER MD024166		41. DATE SIGNED (Month, Day, Year) 9-11-95	
42. SIGNATURE AND TITLE OF MEDICAL EXAMINER		43. LICENSE NUMBER		44. DATE SIGNED (Month, Day, Year)	
45. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) MICHAEL MURPHY, M.D. 1301 PRIMACY PKWY. MEMPHIS, TN. 38119					
46. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF): Atherosclerotic heart disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					
47. PART II. Other identifiable conditions contributing to death but not resulting in the underlying cause given in Part I. Type II Diabetes Mellitus					
48. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		49. DATE OF INJURY (Month, Day, Year)		50. TIME OF INJURY	
51. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. DESCRIBE HOW INJURY OCCURRED			
53. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		54. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

BK0469PGD140

BOOK 482 PG 240A

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-514 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SPAC

Date Received

SEP 20 1995

Gloria D. Foise
Gloria D. Foise, Registrar
Vital Records Section